INTRODUCTION
Myocardial perforation (MP) is an uncommon entity which involves laceration or tearing of the walls of ventricles or atria and occurs most commonly in the setting of acute myocardial infarction. The oldest autopsy confirmed case was reported in 1843.1 According to a recent report of the Global Registry of Acute Coronary Events, the frequency of MP is 0.45% of all myocardial infarctions.2 Other causes of MP include blunt and penetrating cardiac trauma, primary cardiac infection, and aortic dissection and rarely related to cardiac catheterization procedures.

We report a case of accidental left ventricular perforation (LV) during a routine coronary angiogram.

CASE REPORT
A 55-year-old male, known diabetic with moderate renal impairment, non-hypertensive, suffered an acute inferior wall myocardial infarction for which he was thrombolysed with streptokinase. Coronary angiogram was done for postmyocardial infarction angina. Judkin right, 6F diagnostic catheter was used for left ventriculogram. After the ventriculogram the patient became hemodynamically unstable. A repeat left ventriculogram with a 6F pigtail catheter showed a perforation of the basal inferoposterior wall. Two pigtail catheters were inserted into the pericardial cavity to relieve the pericardial tamponade. Emergency surgical repair of a 1.5 cm rent in the inferior wall of the left ventricle was attempted. The friable and infarcted myocardium prevented a successful repair and the patient died after 24 hours.

LV perforation during a coronary angiogram is an extremely rare clinical event. Literature search revealed only one such case of accidental perforation of the left ventricle during coronary angiography. Another case of right ventricular rupture during pulmonary angiography due to a multipurpose catheter has also been reported. The latter case report emphasizes the use of a pigtail catheter while performing a ventriculogram to avoid ventricular perforation by straight tip catheters. The MP could have happened when the guide wire entered the left ventricle or the Judkin right catheter experienced resistance during passage into the left ventricle. In this case, the peri-operative finding of a friable and infarcted inferior wall lends clue to the cause of the MP. The guide wire or catheter could have perforated the already friable and weakened myocardium.

This case emphasizes the basic lesson of doing a ventriculogram using a pigtail catheter only, and stopping and evaluating the situation when resistance is encountered during the passage of hardware.

**REFERENCES**